

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Zhao et al.

Serial No.: 09/317,536

Filed: May 24, 1999

For: **Interconnect with Low Dielectric
Constant Insulators for Semiconductor
Integrated Circuit Manufacturing**

Art Unit: 2811

Examiner: Douglas W. Owens

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TECHNOLOGY CENTER 88000
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J. Smith

AMENDMENT AND RESPONSE TO OFFICE ACTION

Honorable Commissioner of
Patents and Trademarks
Washington, D.C. 20231

Dear Sir/Madam:

This is in response to the Office Action dated April 25, 2002 in the above-
referenced patent application. Please enter and consider the following amendments and
remarks.

10/11/2002 DTESSEM1 00000011 09317536

01 FC:117

920.00 OP





Attorney Docket No.: 02SPE112P-DIV

AMENDMENT COVER SHEETIN RE APPLICATION OF: Zhao, et al.SERIAL NO.: 09/317,536 FILED: May 24, 1999FOR: Interconnect with Low Dielectric Constant Insulators for Semiconductor Integrated Circuit ManufacturingHONORABLE COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

Sir:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- ☐ No additional fee is required.
- ☒ The fee has been calculated as shown below:

	RATE Non-Small Entity	RATE Small-Entity	FEE
<input checked="" type="checkbox"/> EXTENSION FEE			
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	400.00	200.00	\$
THIRD MONTH AFTER TIME PERIOD SET	920.00	460.00	\$ 920.00
FOURTH MONTH AFTER TIME PERIOD SET	1,440.00	720.00	\$

- ☒ TOTAL EXTENSION FEE \$ 920.00
- ☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

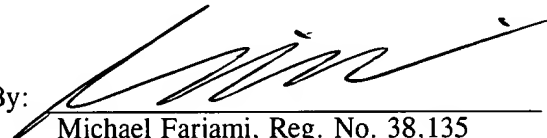
	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	19	MINUS **20	* = 0	x 18	x 9	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 84	x 42	\$
First presentation of multiple dependent claim				+ 280	+ 140	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

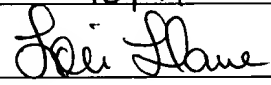
- ☐ Total fee for Supplemental Information Disclosure Statement \$ _____
- ☒ Enclosed is the total fee of \$ 920.00.
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$ _____
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 10/4/02

By: 
Michael Farjami, Reg. No. 38,135

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231, on:

10/4/02


Signature

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Lori Llave

Typed or Printed Name of Person Mailing Paper and/or Fee